

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/069714	FILING DATE				
						APPLICANT(S)					
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				51					
						52					
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						100					
TOTAL IND.		1				TOTAL IND.					
TOTAL DEP.			12			TOTAL DEP.					
TOTAL CLAIMS				13		TOTAL CLAIMS					

PTO-1580 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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